PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571)-273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address: and/or (b) indicating a senarate "FFE ADDRESS" for

maintenance fee notifica	ed below or directed off tions.	ierwise ii	n Block I, by (a	specifying a new o		<u> </u>			rate "FEE ADDRESS" for
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use Bi	ock 1 for an	y change of address)	E	Feet	(c) Transmittal This	certifi	cate cannot be used for	r domestic mailings of the or any other accompanying nt or formal drawing, must
136	40 \		Corti	ificate	of Mailing or Transc	mission			
JACOBSON H 400 SEVENTH SUITE 600	2 2008	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
SUITE 600 WASHINGTON, DC 20004				- ARTO	(Depositor's name)				
			HAL	YEM TO	Г				(Signature)
									(Date)
APPLICATION NO.	FILING DATE			FIRST NAMED INVENTO		ATTORNEY DOCKET NO.			CONFIRMATION NO.
10/712,260 11/14/2003 TITLE OF INVENTION: INJECTION MOULDING OF A CATHETER			Signe Thorning Mejlhede 08/25/2008 AWDRUFTC 00000069 10712260				1071226 ⁸⁰⁵⁴		
TITLE OF INVENTION	: INJECTION MOULD	ING OF A	A CATHETER			01 FC:15 02 FC:15			1440.00 OP 300.00 OP
APPLN. TYPE	SMALL ENTITY	ISSU	JE FEE DUE	PUBLICATION FEE DU		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440		\$300		\$0		\$1740	09/04/2008
EXAM	ART UNIT		CLASS-SUBCLASS]				
HEITBRINK, JILL LYNNE			1791	264-328100		•			
1. Change of corresponde CFR 1.363).	2. For printing on the patent front page, list JACOBSON HOLMAN PLLC								
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE	PRINTED ON T	THE PATENT (print	or typ	pe)			
PLEASE NOTE: Uni	less an assignee is ident h in 37 CFR 3.11. Com	ified belo	ow, no assignee this form is NO	data will appear on t T a substitute for filin	the p	atent. If an assigne assignment.	e is id	entified below, the do	ocument has been filed for
(A) NAME OF ASSI				(B) RESIDENCE: (
UNOMEDIC	Lynge, Denmark								
Please check the appropr	iate assignee category or	categori	es (will not be pr	inted on the patent):		Individual 🖺 Cor	rporati	on or other private gro	oup entity Government
4a. The following fee(s)	are submitted:		41:	. Payment of Fee(s):	(Plea	ase first reapply an	y prev	iously paid issue fee	shown above)
Issue Fee (1440) A check is enclosed.									•
Publication Fee (No small entity discount permitted) (300) Advance Order - # of Copies Payment by credit card. Form PTO-2038 is attached. (1740) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit an overpayment, to Deposit Account Number _ 06-1358 (enclose an extra copy of this feet)									ficiency or credit any
Advance Order -	# of Copies			overpayment, to	Depo	sit Account Number	- 06	-1358 = (enclose a	a extra copy of this form).
5. Change in Entity Sta	tus (from status indicate		7 CFR 1 27	_				TITY status. See 37 CI	
• •									ne assignee or other party in
Authorized Signature	5,03	safe	x a No	40,495		Date 22 Aug	gust 2	2008	
Typed or printed name Harvey B. Jacobson, Jr. Registration No. 20,851									

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.